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Sepsis: Triage Triggers, Outcomes Quicker

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Sepsis: Triage Triggers, Outcomes Quicker

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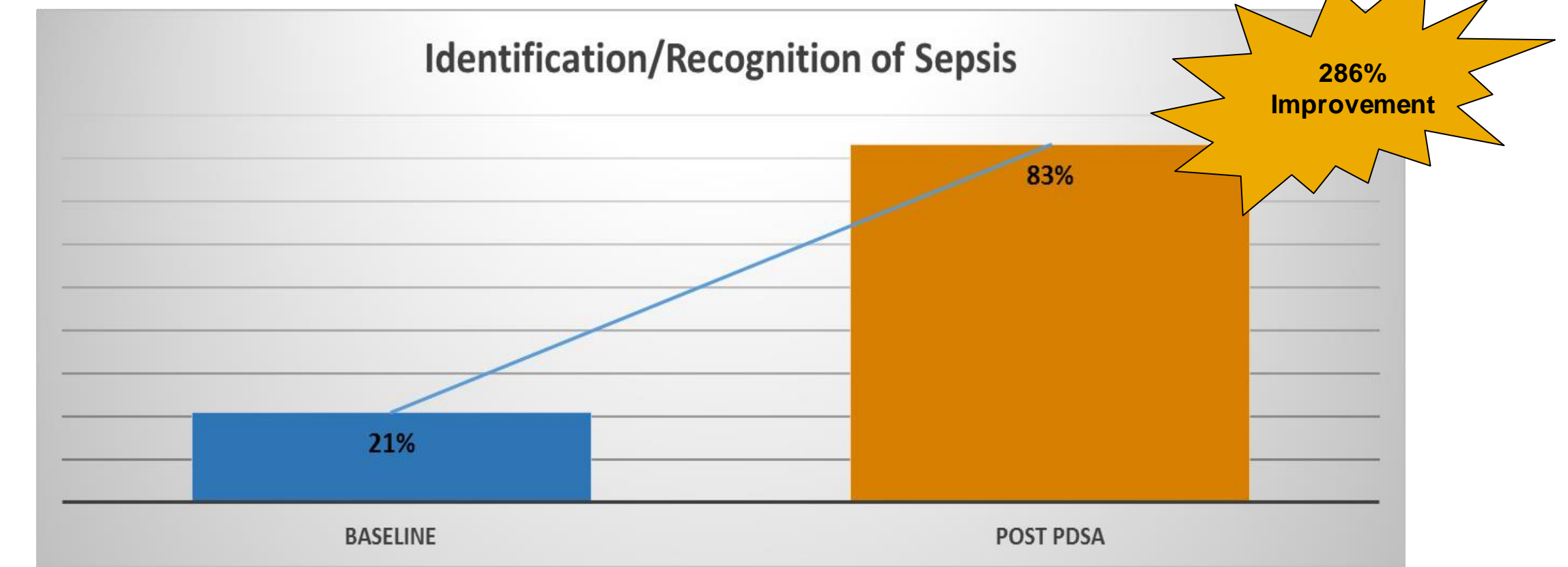
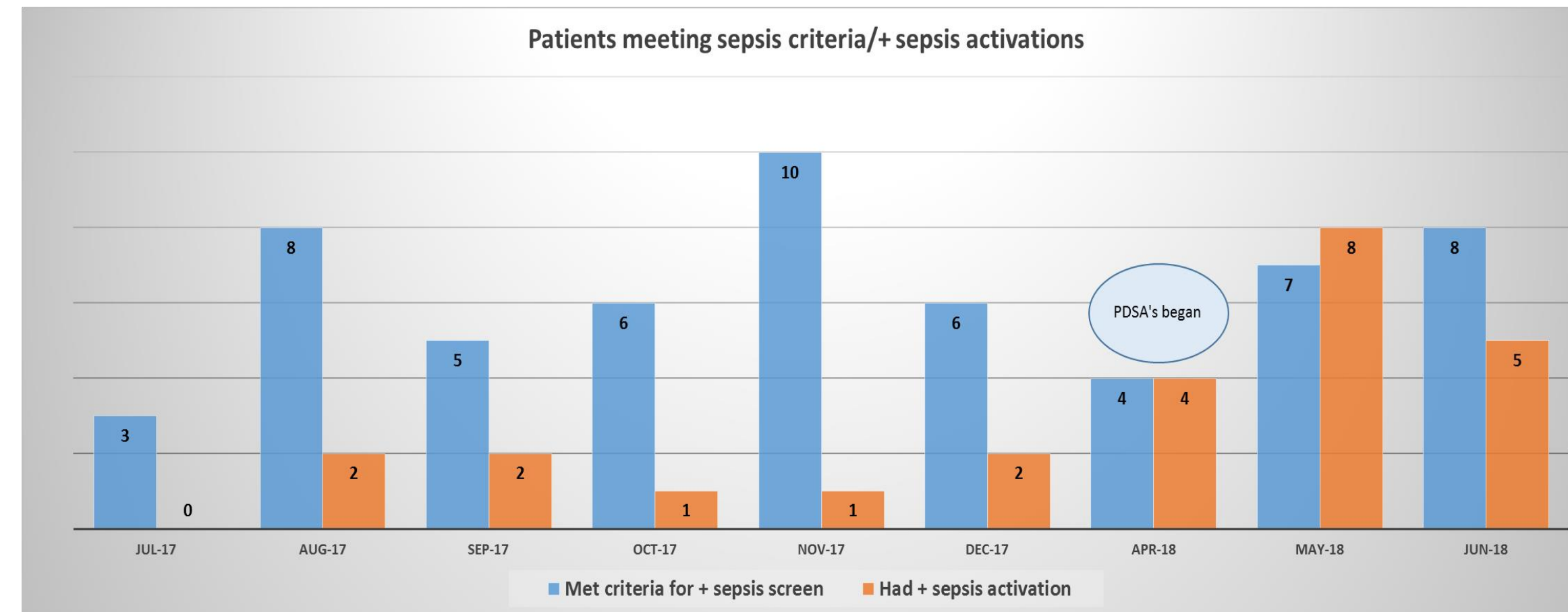
Background

- In the U.S. 42,000 children develop sepsis each year¹
- Evidence-based literature recognizes early identification and treatment as the number one determinant of sepsis outcomes⁹
- Children's Mercy (CM) sees an average of 20 cases of severe sepsis a month
- CM is a part of the Improving Pediatric Sepsis Outcomes (IPSO) collaborative
- Newly Licensed Nurse Residency Program (NLNRP) members collaborated with the CM IPSO team, towards their goals to increase the recognition and identification of patients at risk for severe sepsis to improve timeliness of care to impact morbidity and mortality

AIM Statement

- Increase ED nurses' knowledge in identifying and treating the first signs and symptoms of sepsis from 21% to 50% by August 2018.

Outcomes



Methods

PDSA #1
Revised
badges

Identifying Sepsis

Exam Abnormalities

Pulses (central vs peripheral): decreased or weak; bounding

Cap Refill (central vs peripheral): >3sec or <1sec

Skin: Mottled, cool, flushed, mottly, erythroderma, petechiae below the nipple, any purpura

Mental Status: Decreased, irritability, confusion, inappropriate crying, disorientation, poor interaction with parents, lethargy, diminished arousability, obtunded

Vital Sign Triggers

AGE	HEART RATE	RESP RATE	SBP
06-1m	>205	>60	<60
>1m-3m	>205	>60	<70
>3m-1y	>190	>60	<70
>1y-2y	>190	>40	<70 + (age in yrs x 2)
>2y-4y	>140	>40	<70 + (age in yrs x 2)
>4y-10y	>140	>34	<70 + (age in yrs x 2)
>10y-15y	>140	>30	<70 + (age in yrs x 2)
>15y	>100	>20	<90

06-1m: Temperature <36 or >38
Over 3m: Temperature <36 or >38.5

PDSA #3
Staff
education
presentations



PDSA #4
Sepsis job
aid

Sepsis?
Check this!

High Risk Condition?
(Central lines, malignancy, transplant, immunosuppression)

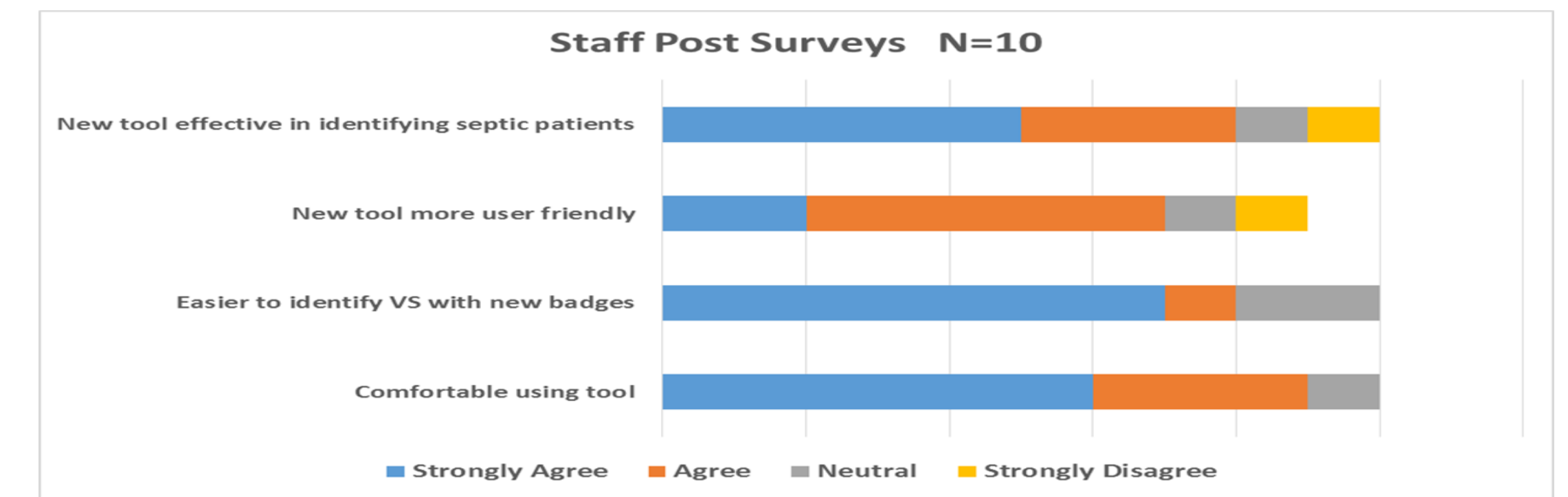
Skin Appearance?
(Mottled, flushed, purpura, petechiae)

Altered Mental Status
(Lethargy, obtunded, confused)

Cap Refill
(Delayed or brisk)

Pulses
(Weak or bounding)

Staff Assessment



Next Steps

- Focus on blood pressure assessment occurring in febrile patients under age 3
- Improvement of time to antibiotics
- Assess why staff has lack of buy-in for sepsis tool
- Improve data to share on how tool impacts patients via case studies
- NLNRP Winter 2018 team is working on this currently

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Old Sepsis Tool

Revised Sepsis Tool

Questions? Contact Amy Scott MSN, RN, CPN alscott@cmh.edu